

Autumn Road Family Practice, P.A.

FINANCIAL POLICY

Thank you for choosing Autumn Road Family Practice (ARFP) as your healthcare provider. We are committed to providing you with the best possible care. We ask you to read and sign this document (at your first visit, annually thereafter or anew whenever the policy is updated) prior to any treatment so that you are informed of our financial, collection and missed appointment policies.

Insurance Terminology	ARFP Information
<p>Your insurance is a contract between you and your insurance company. However, we are pleased to be of service by filing your medical insurance for you.</p>	<p>In order to properly bill your insurance company we require that you disclose all insurance information <u>including primary and secondary insurance</u>, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill.</p> <p>Insurance policies have coverage limitations. ARFP is not responsible for any limitations in coverage that may be included in your plan.</p> <p>If your insurance company has not paid a claim on your behalf within 90 days because of information that you have not provided, the balance will be transferred to your account and you will be responsible for the payment.</p>
<p>Co-pay is a flat fee that a patient pays <u>every time</u> they receive medical service (for example, \$40 for every visit to the doctor).</p>	<p>Applicable co-pays <u>will be collected at every visit before services are rendered</u> as required by insurance carriers.</p>
<p>Covered expenses – Most health insurance plans, whether they are fee-for-service, HMOs, or PPOs do not pay for all health care services. Some may not pay for prescription drugs. Others may not pay for mental health. Covered health care services are those medical procedures the health insurer agrees to pay for. They are listed in your health insurance policy.</p>	<p>Coverage varies on each insurance policy (e.g., a BCBS insurance policy for one person/company may differ from another). Thus, the patient must be familiar with their personalized coverage details as it is not possible for ARFP to know every detail on each person’s insurance plan.</p>
<p>Co-insurance is the amount a patient is required to pay for medical care in a fee-for-service health plan after the deductible is met. The co-insurance rate is usually expressed as a percentage. For example, the health insurance company pays 80% of the health claim, the patient pays 20%.</p>	<p>Applicable co-insurance fees will be billed to you by ARFP once your insurance company notifies us of your payment portion.</p>
<p>Coordination of Benefits is a system to eliminate duplication of benefits when a patient is covered under more than one group health insurance plan/medical insurance plan. Benefits under the two health insurance plans usually are limited to no more than 100% of the health plan.</p>	<p>ARFP will file your primary insurance first. Your secondary insurance will be filed, as appropriate, after we receive payment/non-payment details from your primary insurance carrier.</p>
<p>Deductible is the amount of money the patient must pay each year to cover their medical expenses before their health insurance policy starts paying.</p>	<p>ARFP asks you to pay towards your deductible at the time of service.</p>

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<p>Motor Vehicle Accidents (MVA)</p>	<p>In the event you are involved in a motor vehicle accident (MVA), you are expected to pay for services when rendered. We require a \$135 deposit for all patients' <u>first and each follow-up visit scheduled as a result of a MVA</u>. We will gladly provide all necessary paperwork needed for you to file your insurance claims with your carrier.</p>
<p>Self-Pay ⁽¹⁾ Self-pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. Self-pay patients will be required to pay a designated amount at time of service and will be asked to make payment arrangements for the balance.</p>	<p style="text-align: center;"><u>Self-Pay Patient Visit (WITHOUT a PHYSICAL)</u></p> <ul style="list-style-type: none"> • <u>New Patients:</u> All new self-pay patients are required to pay a Minimum DEPOSIT for a <u>non-physical visit</u> of \$150 at the time of service. This is only a deposit. Additional costs may be incurred and billed at a later date depending on the tests the provider orders or the patient requests. • <u>Established Patients:</u> All established self-pay patients are required to pay a minimum DEPOSIT for a <u>non-physical visit</u> of \$115 at the time of service unless prior arrangements have been made with our office. This is only a deposit. More costs may be incurred and billed at a later date depending on tests the provider orders or the patient requests. <p style="text-align: center;"><u>Self-Pay Patient Visit (WITH a PHYSICAL)</u></p> <ul style="list-style-type: none"> • <u>A "standardized" physical</u> includes the following labs (CBC, metabolic panel, thyroid, cholesterol screening and urine testing). Any additional labs recommended by the provider and performed; or, performed per patient request will entail an additional cost above the amount of the deposit; and, will be billed separately to the patient's address. (7/19/18) ----- • <u>New Patients:</u> All new self-pay patients are required to pay a minimum DEPOSIT for a visit (<u>WITH</u> a physical) of \$270 at the time of service. This is only a DEPOSIT. More costs may be incurred and billed at a later date depending on tests the provider orders or the patient requests. (7/19/18) • <u>Established Patients:</u> All established self-pay patients are required to pay a minimum DEPOSIT for a visit (<u>WITHOUT</u> a physical) of \$240 at the time of service unless prior arrangements have been made with our office. This only a DEPOSIT. More costs may be incurred and billed at a later date depending on tests the provider orders or the patient requests. (7/19/18) • <u>Department of Transportation Physical (DOT):</u> includes screening exam necessary to obtain DOT driver's license by certified screener and paperwork completion. Cost is \$150 and will include UA. Additional labs billed to patient. Follow up visits to complete physical/paperwork will be \$35 (these are needed if patient does not have necessary items to complete physical on initial visit).

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Form Fees

We charge for the completion of forms, (i.e., FMLA, disability insurance, etc.) as it requires office staff time and time away from patient care. We charge \$25 for each different form, each different time.

Missed Appointments and Late Arrivals

Missed Appointments include the following:

- A scheduled appointment that a patient does not keep (no call/no show).
- A scheduled appointment that a patient cancels less than 4 hours before the scheduled appointment time.

Missed Appointment Fees are:

- 1st occurrence - \$25 charge
- 2nd occurrence - \$40 charge
- 3rd occurrence - \$50 charge & patient may be dismissed from the practice

Patients who fail to pay the missed appointment fees will not be allowed to schedule future appointments until the fee is paid in full.

Late Arrivals: Patients that arrive 5 minutes beyond their scheduled appointment time may require:

- Rescheduling if the provider's schedule will not accommodate this loss of time.
- Extended waiting if your physician's schedule will accommodate working you in as time allows based on the remaining patients to be seen. Work-ins must be approved by the MD/nursing staff.
- Rescheduling with another MD/APRN who has an open appointment available.

Delinquent Payment / Collection Policies

- We request payment in full for services rendered within 30 days of receiving an initial statement from ARFP.
- An outside collection agency manages all ARFP accounts that remain unpaid after 90 days of receiving an initial statement from ARFP.
- If you wish to speak with our Billing Office about alternate payment options – please let us know.

Payment Options Accepted

Autumn Road Family Practice accepts the following payment options:

Cash / Personal Checks* / Money Orders / Debit Cards
 Visa / American Express / MasterCard / Discover

***By using a check for payment**, you agree to the following terms: In the event your check is dishonored or returned for any reason, you authorize us to electronically (or by paper draft) re-present the check to your bank account for collection of the amount of the check, plus any applicable fees as permitted by state law.

Business Office Contact Information

At Autumn Road Family Practice, we appreciate your business. We welcome you to contact our Business Office if you have a question about your bill; or, wish to speak with a billing representative before you receive service. You can reach our Billing Office, Monday-Friday, 8 am – 4:30 pm. Dial 501-227-6363 and follow the prompts. You may leave a secure voice message after hours and our Business Office staff will return your call the following business day.

Assignment of Insurance Benefits (if applicable) and Acknowledgement of ARFP's Financial Policy

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As applicable, I request that payment of insurance benefits be made on my behalf to Autumn Road Family Practice for any services furnished to me by any provider in the clinic. I authorize any holder of medical information about me to release any information needed to determine benefits to my insurance carrier, and where applicable, to the Center of Medicare and Medicaid Services and its agents. I further authorize the clinic and its agent to verify employment and wage data in the event collection action becomes necessary.

Additionally, I acknowledge notification of ARFP's Financial Policy.

PRINT YOUR NAME:	DATE OF BIRTH:
SIGNATURE OF PATIENT or RESPONSIBLE PARTY:	TODAY'S DATE:
SIGNATURE OF CO-RESPONSIBLE PARTY:	TODAY'S DATE:

For office use
ACCOUNT #

(1) When this section is updated, ensure *Patient Scheduling Guidelines* policy wording is congruent.